



WaterSense

Toilet Rebate Program

**OFFICIAL OFFICE USE ONLY****DATE RECEIVED:**

Application #: _____ Inspection Date: _____ Rebate \$ _____
Approved ☐ Comments: _____ Toilet #: _____
Disapproved ☐ Approver Signature: _____ Date: _____

HOME OWNER APPLICATION: This application is only for home owners who are also the water account holder!
All information must be completed or the application will be denied. Print in blue or black ink only.

Account Name (As on bill):	Last Name:		
	First Name:		
*Water Account # _____	Property Type: <input type="checkbox"/> Apartment <input type="checkbox"/> House		
Phone: (_____) _____	Email: _____		
Service Address (as appears on bill):	City:	State:	Zip:
Mailing Address (If different):	City:	State:	Zip:

OLD TOILET INFORMATION (READ GUIDELINES FOR DETAILS)

No.	TANK MEASUREMENTS (INSIDE)			Toilet Age:	OFFICIAL USE: GPF
	Length:	Width:	Flush Depth:		

Toilet age & additional comments: _____

NEW TOILET INFORMATION

No.	Brand Name:	Model Name:	*Install Date:	Price (plus tax):	OFFICIAL USE: EPA #

TURN OVER TO COMPLETE →

DISCLAIMER

- Rebates are available to City of Raleigh water or sewer customers only. Rebate(s) will not be disbursed to customers whose account owes past due fees or to those who do not purchase an EPA **WaterSense** labeled toilet(s).
- Only one application is allowed per water customer.
- **Original receipt(s) for the toilet(s) listed on this application must be included with the application, no copies will be accepted.** Rebate(s) will cover only the cost of the toilet. Installation charges will not be included in this rebate.
- Applicants must dispose of their old toilets properly. The City of Raleigh is not responsible for improper disposal methods.
- Filing an application does not ensure rebate disbursement. Program is not responsible for materials lost by mail. Rebates are granted on a first-come, first serve basis, while funding and supplies last. Program is subject to change or terminate without prior notice.
- **The City of Raleigh makes no warranties or representations that the HET toilet selected by the applicant will perform as represented by its manufacturer or seller or that reduced water consumption will occur for use of the HET toilet. The City of Raleigh is not responsible for the work of the installer, whether a licensed plumber or otherwise.**

HOME OWNER MUST CHECK ALL BOXES, PRINT NAME, SIGN & DATE BELOW:

- ☐ I understand that rebates are only available for City of Raleigh water or sewer customers.
- ☐ I acknowledge that I am the home owner of the address listed on this application.
- ☐ I acknowledge that I am either the City of Raleigh water account holder or I will show consent (below) from the account holder to use their consumption data for program monitoring. *Spouses do not need to show consent but the account name must be listed on the application.*
- ☐ I acknowledge that the toilet(s) provided in this application were installed at the above address and I agree to an inspection of these toilets. Applications for toilet that have not been installed will be denied.
- ☐ I have read and agree the program guidelines and conditions.
- ☐ **I have included the original receipt(s) for the toilet(s) listed on this application. No copies will be accepted.**

FULL NAME (ALL CAPS) _____

SIGNATURE _____ DATE _____

ORIGINAL APPLICATION MUST BE MAILED WITH ORIGINAL RECEIPT TO:

City of Raleigh
C/O Toilet Rebate Program
One Exchange Plaza, Suite 620
Raleigh, NC 27602